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REMOVAL OF THE STOMACH FOR SARCOMA.

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The JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, Feb. 12, 1898, contains an article by Hugo Summa, M.D., and A. C. Bernays, M.D., entitled "The History and Diagnosis of a Case of Carcinoma of the Stomach and the first Operation of Excision of the Stomach in America."

In view of this report it may be of interest to recall a case of sarcoma of the stomach for which excision of that organ was performed by me more than four years ago, antedating some years the now famous case of Schatter of Zurich.

The case is well known in Philadelphia among my medical friends and has on several occasions been referred to in discussion on abdominal topics. The patient was examined by Dr. S. Solis-Cohen and I think Drs. T. S. K. Morton and Steinbach of the Polyclinic staff. Dr. John B. Roberts and other members of the staff were present at the operation. I was assisted by Dr. Frank Talley and one of the resident physicians of the hospital.

The case was reported and the specimen shown to the Pathological Society of Philadelphia by Dr. Alfred Stengel and myself. After careful investigation Dr. Stengel pronounced the case one of sarcoma of the stomach, an exceedingly rare condition. He requested the privilege of reporting the details of the case after he had thoroughly looked up the literature of the subject. I handed him the surgical notes to incorporate in his paper, which he informs me is ready for publication and will be shortly forthcoming. I might mention incidentally that he has been able after four years search to find in the literature but nine cases of a similar character (sarcoma of the stomach).

I append the surgical notes of the case which I handed Dr. Stengel four years ago to incorporate in his article and which he has kindly returned to me.

The patient entered the Polyclinic hospital Sept. 29, 1893 complaining of a tumor in his stomach together with great and progressing weakness and loss of flesh.

An examination disclosed an irregular rounded, nodular and solid tumor filling the whole abdomen from the pubes to the ensiform cartilage. The umbilicus protruded and contained a neoplasm which was unattached to the underlying tumor, about the size of a walnut. The pelvis was free and the tumor rested on the pubic bones; the fingers could easily be passed between the tumor and the pubes. As far as could be determined from the history and examination the kidneys were excluded as a possibility of the origin. The urine was normal. The spleen was likewise excluded, as was also the liver. A diagnosis of malignant tumor was easily arrived at from the nodular, irregular feel of the mass, its quick growth, the rapid loss of flesh and weakness and cachexia of the patient and the umbilical growth. By exclusion it was supposed to be a growth of either the mesenteric glands or of the omentum. If of the mesenteric glands operation was hopeless; if of the omentum some hope existed, especially as the tumor was freely movable. The chances were given to the omentum on account of this very movability and because the history showed that it had begun to grow from above downward. It was even at that time easy to determine that its attachment was above. The case was seen in consultation by the medical and surgical staff of the hospital and all agreed that the only chance of life lay in an exploratory operation and further that such exploration was justifiable. The friends of the family were communicated with and the facts placed before them. They were told that no promise could be given that the man would even come off the operating table alive, but that in an operation lay his only chance. They decided for the operation.

The stomach as a possible source of origin of the tumor was never considered for the following reasons. His bowels had to the last remained in good condition. He had never at any time complained of gastric

disturbance of any kind; as he expressed it "my stomach has never given me a day's trouble, it is the strongest thing about me." In proof of the truth of his statement it is to be noted that he spent about a week in the hospital prior to his operation, ate voraciously and digested all he ate. At the time of the operation the stomach cavity was found practically empty. He never vomited.

An incision was made from the ensiform cartilage to near the pubes and the abdominal walls drawn apart. They grasped the tumor tightly as they slipped over its sides and contracted again under the tumor as it was delivered. In doing so many vessels in the omentum, which was spread out over the tumor and adherent to it, began to bleed. From this moment to have ended the operation would have been difficult, as the bleeding could only with difficulty have been controlled nor could the tumor have again been returned to the abdominal cavity and the abdominal wound closed; the operation had to be finished at all hazards. The tumor was lifted up from below and found adherent to all the underlying intestines; these adhesions were readily separated; freeing the tumor in all directions but leaving the mesentery infiltrated with masses of malignant growth. The utter hopelessness of the case was at once seen. The separation of the mass was continued as high up as possible, to a point which afterward was found to be the natural attachments of the stomach. What appeared to be the healthy stomach was found high up and in front closely attached to the tumor apparently in much the same way as had been the intestines beneath. At this point the common concensus of opinion of the surgeons operating, assisting and looking on was that the growth arose from behind the stomach; no suspicion as to its being the stomach being entertained by any one. An effort was made to separate the apparent stomach and the tumor at their point of adhesion but was soon desisted from on account of the danger felt of perforating the stomach wall itself if I worked too near it. The determination was then made to break boldly into the tumor several

inches below its junction with the stomach, leaving part of it attached to that organ, remove the balance and thus gain room enough to close the abdomen and finish the operation. A favorable point was fixed upon where there was a sulcus and a finger was forced into the mass and swept freely from side to side. After proceeding for the depth of some inches the finger suddenly entered a cavity and in a moment the whole situation flashed upon me. With several fingers in the cavity a bimanual examination quickly made my suspicions a certainty. The tumor was the stomach. The only healthy part of the organ was the small anterior portion presenting at the upper part of the wound and which had been mistaken for the lower part of the whole organ. This proved to be a portion of the anterior part of the cardiac end. I accepted the inevitable at once, continued my disections, removed all the large mass and quickly ligating bleeding points made an effort to form a pretense of a stomach of the small piece remaining of cardiac end, esophagus and gut, and closed the wounds. The patient lived about thirty-six hours, complaining of both hunger and thirst. He was given morphia hypodermically in sufficient quantity to keep him easy until his death.

All but a small portion of the stomach was involved as was also the mesentery throughout the whole abdomen. A large mass of disease was left high up and involving the esophagus. The omentum was not invaded.

From the manner in which this patient stood the shock of the manipulation I had no doubt at the time and have none now but that had there been sufficient healthy tissue at the esophagus to have allowed of a successful attachment of the gut to that canal the result would have been different. The whole posterior and lateral walls of the stomach up to, and extending some distance up the esophagus were involved. There was about two or three inches of the anterior stomach wall at the end of the esophagus comparatively healthy, but the conditions were such as to render my efforts to form a continuous canal futile.